



Project Enhance Site Registration Form

Instructions: Please save this form to your hard drive and fill in the information or photocopy and print/type responses to complete.

Section A. The following section requests information about your **Affiliate**. This is the entity that signs the License and Services Agreement and pays the fees. It is a local administrative center.

Affiliate Name: _____

Address: _____

Affiliate Phone: _____

Affiliate Website: _____

Section A1. The following section requests information about your **Affiliate Manager**. This is the person who oversees the administration of EnhanceFitness. He or she will usually determine where class sites will be located.

Name: Amanda Eck

Phone: 317.205.9201

E-mail: aeck@iaaaa.org

Section B. The following section requests information about your **Sites**. Every site must be associated with an EF affiliate. These are locations where the actual classes take place. If one of your sites is the same as your Affiliate, please check the "Same as Affiliate" box. The information you provide below will allow us to provide you with scannable data collection forms for your site in time for your expected class start date. It will also allow us to accurately list your site(s) in Project Enhance directories.

Please fill in all requested information for **each of your sites**.

Site Name: _____ ☐ Same as Affiliate

Site Address: _____

Site Phone: _____

Site Website: _____

Short Name*: _____

**15 characters or fewer. This name will be printed on your scannable forms. For example, Crestwood Senior Center could be shortened to "CRESTWOOD"*

Funding Sources^: _____

^Please list any grants funding this site (examples: CDC Arthritis, AoA Evidence-Based Programs, AoA Challenge grantee, etc.)

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Section B1. The following section requests information about your **Site Coordinator**. Every site should have a Site Coordinator, although one person may coordinate multiple sites. The site coordinator is the main contact person for Project Enhance. This is the person we will send forms to and who has contact with their EnhanceFitness Instructors.

Name: _____

Phone: _____

E-mail: _____

Section B2. The following section requests information about the **Site Classes**.

Class Instructor

Class Days and Times

What is the earliest date that classes will begin at this site? _____

So that we can send you enough forms, how many unduplicated participants do you expect in the first 3 months of classes? _____

Send the scannable forms for this site to:

- ☐ Site Coordinator at site address
- ☐ Instructor c/o site address
- ☐ Affiliate Manager at Affiliate address
- ☐ Using PeerPlace
- ☐ Other (Please provide address) _____

Coordinate the weights order with the:

- ☐ Site Coordinator ☐ Affiliate Manager ☐ Other _____

Each new site license includes an Instructor Video (DVD). **Send the Instructor Video (DVD) for this new site to:**

- ☐ Site Coordinator (DVD will be sent to the site address.)
- ☐ Affiliate Manager (DVD will be sent to the affiliate address.)
- ☐ Not Applicable (Explanation: _____)

Please specify what type of facility this is (click for dropdown): --Select One--

If Other _____

For additional sites, please "copy & paste" Section B and subsections to continue or photocopy page to fill in requested information.

Thank you for your cooperation!